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OFFICE OF
INSURANCE COMMISSIONER

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BULLETIN No. 95-6

Procedures for Review and Adjudication of Complaints by Covered Persons

Attention: Disability Insurers, Health Care Service Contractors, Health Maintenance Organizations, and Fraternal Benefit Societies

Chapter 265, Laws of 1995 (ESHB 1046), recently adopted by the Legislature and signed by the governor, requires each carrier offering health care coverages to file with my office its procedures for reviewing and adjudicating complaints by persons with coverage. That law also requires that each carrier provide a fair review process to address written complaints. The law presumes that the complaint has been rejected by the carrier if the carrier does not act upon the complaint within thirty days. The statute has authorized non-binding mediation be included in the review procedures.

Carriers, covered persons, and this office will benefit if the standards for the grievance procedures are more uniform. I will be proposing rules to define the standards for grievance procedures and provide that needed uniformity.

Until those rules are formally adopted, I will accept the filing of current grievance procedures as being sufficiently in compliance with that part of chapter 265, Laws of 1995. That filing must be made before September 15, 1995, and must be in the form of a separate document, separately filed. Inclusion of grievance procedures as a part of any other filing will not be accepted as compliance with chapter 265, Laws of 1995. If carriers have different grievance procedures for different types of coverage, appeals, or other variables, they must include all grievance procedures in the filing received before September 15, 1995.

If carriers properly file current grievance procedures before September 15, 1995, no further carrier action will be required for compliance with that part of chapter 265, Laws of 1995, except as may subsequently be required by rule.

Insurance Commissioner